

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 811

Office of Registrar of Vital Statistics.

Ward 12

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 30 /87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mrs McNamee

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 58 Years, _____ Months, _____ Days

Color, Ir

Married, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, grocer

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, life

Place of Death, { Give Street and Number. } 517 Townsend St

Cause of Death, { First (Primary), Second (Immediate), } Chronic Diarrhea
Acute

Duration of Last Sickness, six months

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, July 2 1887

Undertaker, Jas F. Byrne

Place of Business, 59 n Liberty Address, 516 Park Ave

F. E. Chatard Jr M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No.

812

Office of Registrar of Vital Statistics.

Ward

2nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 1st 1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

John Urbau

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

City

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give Street and Number. }

1604

Shakespeare

Cause of Death,

{ First (Primary),

Second (Immediate),

Inanition

Duration of Last Sickness,

9 days

All the above information should be furnished by the Physician.

Place of Burial,

St. Alphonsus Church

Date of Burial,

July 1st 1887

Undertaker,

John A. Rehberger

M. D.

Medical Attendant.

Place of Business,

1732 Wisconsin

Address,

1709 Alameda

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No.

813

Office of Registrar of Vital Statistics.

Ward

13¹/₁

The Physician who attended any person in a last illness, is responsible for the representation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 30, 1887.

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Mary Beall

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

Years,

11

Months,

4

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Ballerina

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

Life time

Place of Death,

{ Give Street and Number. }

859 W. Lombard St

Cause of Death,

{ First (Primary),

Second (Immediate),

Cholera Infantum

Acute inflammation of the bowels

Duration of Last Sickness,

Four days.

All the above information should be furnished by the Physician.

Place of Burial

London Park cem

Date of Burial,

July 2nd 1887

{ Undertaker,

Jos B Cook

{ Place of Business,

1003 W Baltimore

Address,

1327 W Myrtle St

M. D.

Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

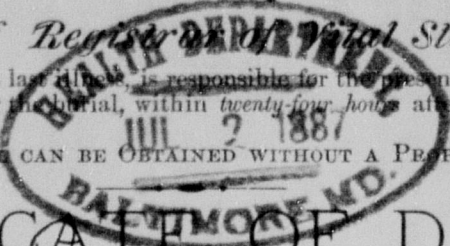
The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 814 Office of Registrar of Vital Statistics. Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, July 1, 1887

Full Name of Deceased, Mabel R. Bickerton { Write legibly and spell correctly. If an Infant not named, give names of parents }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 6 Years, 7 Months, 7 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, None

Birth Place, Balto. Washington { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Life

Place of Death, 915 Elm Place { Give Street and Number. }

Cause of Death, Cholera infantum { First (Primary), Second (Immediate), }
Exhaustion

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, St. Peter's Cemetery

Date of Burial, July 2

{ Undertaker, Andrew Rohde } L. R. Fleming M. D. Medical Attendant.

{ Place of Business, 730 Penna. Ave } Address, 601 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132, Printed 10/27/2022.

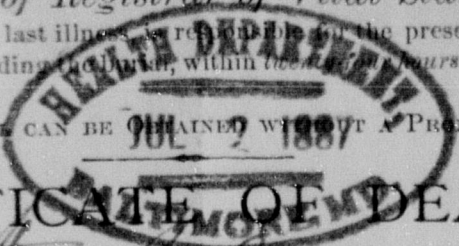
The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 815 Office of Registrar of Vital Statistics. Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within fourty-eight hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, July 1. 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henrietta Cecilia Fox

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, — Years, 4. Months, 27 Days,

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Nil.

Birthplace, { State or country, and now long in the United States, if of foreign birth. } 46 Albermarle - Va

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } Same as above.

Cause of Death, { First, (Primary,) Cholera Infantum - Second, (Immediate,) 4 weeks. }

Duration of Last Sickness, 4 weeks.

All the above information should be furnished by the Physician.

Place of Burial, St. Paul Trapp Road

Date of Burial, July 3. 1887

{ Undertaker, Wm. J. Schaeffer } { Alfred Whitehead M. D., Medical Attendant. }

{ Place of Business, 8. S. Front-st } Address, P. S. Exch 543

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 816 Office of Registrar of Vital Statistics. Ward 52.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 1st 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Maggie Honan

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 5 Years, 5 Months, Days.

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 5 months

Place of Death, { Give Street and Number. } 402 Young Street

Cause of Death, { First (Primary), Second (Immediate), } Cholera Infantum
Exhaustion

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St. Vincent

Date of Burial, July 3 1887

Undertaker, Wm. J. Schaeffer

Place of Business, 8 S. Front St

Samuel B. Powell M. D.
Medical Attendant.

Address, 4217 Arisquith Street

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 817 Office of Registrar of Vital Statistics. Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 13 - 1887

Full Name of Deceased, William Scott
Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 4 Years, 6 Months, 13 Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Blacksmith

Birth Place, Baltimore
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, 157 Chenut St
{ Give Street and Number. }

Cause of Death, Cholera Infantum
{ First (Primary), Second (Immediate). }

Duration of Last Sickness, 7 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 3rd 1887

Undertaker, William Dargatzis M. D.

Place of Business, 150 East St Address, 800 N Broadway
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate

Health Department, City of Baltimore.

Permit No. A 818

Office of Registrar of Vital Statistics.

Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 30th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lizzie Grop

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 1 Years,

Color, Blk

Months,

Days,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. }

608 Paris Alley

Cause of Death, { First (Primary),
Second (Immediate), }

Measles

Duration of Last Sickness, week

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cem

Date of Burial, July 3rd 1887

Undertaker, William Dinger

Place of Business, 150 East St

A. T. Belt M. D.
Medical Attendant.

Address, 1010 Calverton St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

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Health Department, City of Baltimore.

Permit No.

A 819

Office of Registrar of Vital Statistics.

Ward

4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death,

July 1st 1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Maggie Gratz

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

23

Years,

Months,

Days,

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

North Carolina

Duration of Residence in the City of Baltimore,

5 years

Place of Death,

{ Give Street and Number. }

1108 E. Pratt str.

Cause of Death,

{ First (Primary),

Second (Immediate),

Phthisis Pulmonalis
Collapse

Duration of Last Sickness,

since 4 weeks unable to walk

All the above information should be furnished by the Physician.

Place of Burial,

Mt Carmel Cemetery

Date of Burial,

July 2nd 1887

Undertaker

Lenny Mitchell

Ludwig Hammer M. D.

Medical Attendant.

Place of Business,

208 S Broadway

Address, 1171 E. Lombard str.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. **A 820**

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *July 1st 1884*
 Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Harry Clinton Read,*
 Sex, Male or Female, { Cross out the word not required in this line. } *Male,*
 Age, _____ Years, *3* Months, _____ Days.
 Color, *White* Sex, *Male.*
 Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Single.*
 Occupation, _____
 Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore Md.*
 Duration of Residence in the City of Baltimore, *Three months.*
 Place of Death, { Give street and number. } *404 E. Baltimore St.*
 Cause of Death, { First (Primary,) *Cholera Infantum.*
 { Second (Immediate,) *Prostration.*
 Duration of Last Sickness, *Three weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Greenmount Cemetery*
 Date of Burial, *July 2nd 1884*
 { Undertaker, *Lenny Mitchell* Address *23 S. Broadway,*
 { Place of Business, *208 S Broadway*

J. M. Cockrell, M. D.
 Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]